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PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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REQUEST FOR WITHDRAWAL
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| Application Number | | 09/882,733 |
|------------------------|--|------------|
| Filing Date | | 06/15/2001 |
| First Named Inventor | | SANKARAN |
| Art Unit | | 3621 |
| Examiner Name | | LE, D. |
| Attorney Docket Number | | INFO-P016 |

| To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | | | | |
|--|-------------------------|-------|----|--|--------|-----|-------|--|--|
| Please withdraw me as attorney or agent for the above identified patent application, and | | | | | | | | | |
| all the attorneys/agents of record. | | | | | | | | | |
| the attorneys/agents (with registration numbers) listed on the attached paper(s), or | | | | | | | | | |
| the attorneys | mber | 41066 | | | | | | | |
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| - Per client request The reasons for this request are: - There is no outstanding term for response | | | | | | | | | |
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| Signature | Canlly 1 | | | | 36,398 | | | | |
| Date / | 7/30/04 | | | Telephone No. (408) 938-9060 | | | | | |
| NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved. | | | | | | | | | |

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